

Investigation Summary

Reporting ID	Investigation Summary Number	UPA Number	Event Date	Event Time	Construction
0950633	115187	1443593	04/06/2019	09:24 AM	Y

Establishment Name	Kleege Industries, INC	Doing Business As (DBA)	
Related Inspections			

Site Information

Street Address 1:	81-500 avenue 51				
Street Address 2:					
County:	RIVERSIDE				
City	INDIO	State	CA	Zip	92201

Event

Type of Event	Fall from structure(stage).		
Number of Employees			
Fatalities	Hospitalized	Non-Hospitalized	Unaccounted
1	0	0	0

Abstract

What was employee doing just before incident occurred?	The work site is at an annual music and arts festival. An employee, a rigging lead, (V1) was working at the main stage that was under construction for the festival. At the time of the incident, he was on a structure member maintaining and setting up devices for the stage.
What happened?	<p>A n employee died after falling on April 6, 2019 at approx. 9:24 am. Various local emergency responders reported the incident shortly after on April 6, 2019. The employer reported the accident on April 7, 2019. The employer was deemed in compliance with the reporting requirement since the Division arrived and held an opening conference the same day about 11:00 am.</p> <p>The music festival main stage rigging employees are responsible for maintaining and setting the various components of the stage such as structures for the roof over stage, lighting and speakers and other devices. A rigging lead (V1) was standing on a truss/structural member starting to set up an electric chain motor that pulls speakers and lighting from the ground upwards to hang from the structural members. The employee V1 worked elevated at more than 50 feet when he fell and died. He died of blunt force trauma to his head. The employee wore a harness but did utilize a lanyard nor was he tied off to any members to prevent his fall.</p> <p>The factor that contributed to his fatal injuries after falling was that no walking surface such as decking was provided nor was fall protection used to prevent falling.</p>
What was the injury or illness?	fatal injuries
What was the object or substance that directly harmed the employee?	fall
Keywords	

Victim 1	
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Injured/Deceased Name	Christopher Griffin
Gender	MALE
Age	49
Victim Injury	Fatality-OSHA covered
Cause	Fall (from elevation)
Nature of Injury	Fracture, Other
Next of Kin 1	
Next of Kin Name	SAM GRIFFIN
Relationship to Deceased	WIFE
Mailing Address	
Mailing City	



CITATION AND NOTIFICATION OF PENALTY

To:
Kleege Industries, INC
and its successors
1244 Knoxville St.
San Diego, CA, 92110

Inspection #: 1391722
Inspection Date (s): 04/06/2019 - 10/03/2019
Issuance Date: 10/03/2019
CSHO ID: X4225
Optional Report #: 3419
Reporting ID: 0950633

Inspection Site:
81-500 avenue 51
Indio, CA 92201

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

This Citation and Notification of Penalty (hereinafter Citation) is being issued in accordance with California Labor Code Section 6317 for violations that were found during the inspection/investigation. **This Citation or a copy must be prominently posted upon receipt by the employer at or near the location of each violation until the violative condition is corrected or for three working days, whichever is longer.** Violations of Title 8 of the California Code of Regulations or of the California Labor Code may result in some instances in prosecution for a misdemeanor.

YOU HAVE A RIGHT to contest this Citation and Notification of Penalty by filing an appeal with the Occupational Safety and Health Appeals Board. To initiate your appeal, you **must** contact the Appeals Board, in writing or by telephone, within 15 working days from the date of receipt of this Citation. If you miss the 15 working day deadline to appeal, the Citation and Notification of Penalty becomes a final order of the Appeals Board, not subject to review by any court or agency.

Informal Conference - You may request an informal conference with the manager of the district office which issued the Citation within 10 working days after receipt of the Citation. However, if the citation is appealed, you may request an informal conference at any time prior to the day of the hearing. Employers are encouraged to schedule a conference at the earliest possible time to assure an expeditious resolution of any issues. At the informal conference, you may discuss the existence of the alleged violation, classification of the violation, abatement date or proposed penalty.

Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an agreement which resolves this matter without litigation or contest.

APPEAL RIGHTS

The Occupational Safety and Health Appeals Board (Appeals Board) consists of three members appointed by the Governor. The Appeals Board is a separate entity from the Division of Occupational Safety and Health (Division) and employs experienced administrative law judges to hear appeals fairly and impartially. To initiate an appeal from a Citation and Notification of Penalty, you must contact the Appeals Board in writing, or by telephone, or online via the Board's OASIS system, within 15 working days from the date of receipt of a Citation.

After you have initiated your appeal, you must then file a completed appeal form with the Appeals Board, at the address listed below, or online via the Board's OASIS system, for each contested Citation. Failure to file a completed appeal form with the Appeals Board may result in dismissal of the appeal. Appeal forms are available to print online at: <https://www.dir.ca.gov/oshab/appealform.pdf>. You may also file the appeal through the Board's online OASIS system at: <https://www.dir.ca.gov/oshab/>. Hard copies can also be picked up from district offices of the Division, or from the Appeals Board:

Occupational Safety and Health Appeals Board
2520 Venture Oaks Way, Suite 300
Sacramento, CA 95833
Telephone: (916) 274-5751 or (877) 252-1987
Fax: (916) 274-5785

If the Citation you are appealing alleges more than one item, you must specify on the appeal form which items you are appealing. You must also attach to the appeal form a legible copy of the Citation you are appealing. In addition, please send a copy of Page 1 of this Citation and Notification of Penalty, the cover sheet.

Among the specific grounds for an appeal are the following: the safety order was not violated, the classification of the alleged violation (e.g., serious, repeat, willful) is incorrect, the abatement requirements are unreasonable or the proposed penalty is unreasonable.

Important: You must notify the Appeals Board, not the Division, of your intent to appeal within 15 working days from the date of receipt of the Citation. Otherwise, the Citation and Notification of Penalty becomes a final order of the Appeals Board not subject to review by any court or agency. An informal conference with the Division does not constitute an appeal and does not stay the 15 working day appeal period. If you have any questions concerning your appeal rights, call the Appeals Board, at (916) 274-5751 or (877) 252-1987.

PENALTY PAYMENT OPTIONS

Penalties are due within 15 working days of receipt of this Citation and Notification of Penalty unless contested. If you are appealing any item of the citation, remittance is still due on all items that are not appealed. Enclosed for your use is a Penalty Remittance Form for payment.

If you are paying electronically, please have the Penalty Remittance Form on-hand when you are ready to make your payment. The company name, inspection number, and Citation number(s) will be required in order to ensure that the payment is accurately posted to your account. Please go to: www.dir.ca.gov/dosh/CalOSHA_PaymentOption.html to access the secure payment processing site. **Additionally, you must also mail the Penalty Remittance Form to the address below.**

If you are paying by check, return one copy of the Citation, along with the Notice of Proposed Penalties Sheet and the Penalty Remittance Form and mail to:

Department of Industrial Relations
Cal/OSHA Penalties
P. O. Box 516547
Los Angeles, CA 90051-0595

CAL/OSHA does not agree to any restrictions, conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

NOTIFICATION OF CORRECTIVE ACTION

For violations which you do not contest, you should notify the Division of Occupational Safety and Health promptly by letter that you have taken appropriate corrective action within the time frame set forth on this Citation and Notification of Penalty. Please inform the district office listed on the Citation by submitting the Cal/OSHA 160 form with the abatement steps you have taken and the date the violation was abated, together with adequate supporting documentation, e.g., drawings or photographs of corrected conditions, purchase/work orders related to abatement actions, air sampling results, etc. The adjusted penalty for general violations has already been reduced by 50% on the presumption that the employer will correct the violations by the abatement date. The adjusted penalty for serious violations, if any, has already been reduced by 50% because abatement of those violations has been completed.

Note: Return the Cal/OSHA 160 form to the district office listed on the Citation and as shown below:

Division of Occupational Safety and Health
San Bernardino District Office
464 West 4th Street, Suite 332
San Bernardino, CA 92401
Telephone: (909) 383-4321
Fax: (909) 383-6789

EMPLOYEE RIGHTS

Employer Discrimination Unlawful - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under Labor Code Section 6310 or 6311. An employee who believes that he/she has been discriminated against may file a complaint no later than six (6) months after the discrimination occurred with the Division of Labor Standards Enforcement.

Employee Appeals - An employee or authorized employee's representative may, within 15 working days of the issuance of a citation, special order, or order to take special action, appeal to the Occupational Safety and Health Appeals Board the reasonableness of the period of time fixed by the Division of Occupational Safety and Health (Division) for abatement. An employee appeal may be filed with the Appeals Board or with the Division. No particular format is necessary to initiate the appeal, but the notice of appeal must be in writing.

If an Employee Appeal is filed with the Division, the Division shall note on the face of the document the date of receipt, include any envelope or other proof of the date of mailing, and promptly transmit the document to the Appeals Board. The Division shall, no later than 10 working days from receipt of the Employee Appeal, file with the Appeals Board and serve on each party a clear and concise statement of the reasons why the abatement period prescribed by it is reasonable.

Employee Appeal Forms are available from the Appeals Board, or from a district office of the Division.

Employees Participation in Informal Conference - Affected employees or their representatives may notify the District Manager that they wish to attend the informal conference. If the employer objects, a separate informal conference will be held.

DISABILITY ACCOMMODATION

Disability accommodation is available upon request. Any person with a disability requiring an accommodation, auxiliary aid or service, or a modification of policies or procedures to ensure effective communication and access to the programs of the Division of Occupational Safety and Health, should contact the Disability Accommodation Coordinator at the local district office or the Statewide Disability Accommodation Coordinator at 1-866-326-1616 (toll free). The Statewide Coordinator can also be reached through the California Relay Service, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY - Spanish).

Accommodations can include modifications of policies or procedures or provision of auxiliary aids or services. Accommodations include, but are not limited to, an Assistive Listening System (ALS), a Computer-Aided Transcription System or Communication Access Realtime Translation (CART), a sign-language interpreter, documents in Braille, large print or on computer disk, and audio cassette recording. Accommodation requests should be made as soon as possible. Requests for an ALS or CART should be made no later than five (5) days before the hearing or conference.

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
San Bernardino District Office
464 West 4th Street, Suite 332
San Bernardino, CA 92401
Phone: (909) 383-4321 Fax: (909) 383-6789

Inspection #: 1391722
Inspection Dates: 04/06/2019 - 10/03/2019
Issuance Date: 10/03/2019
CSHO ID: X4225
Optional Report #: 3419

**Citation and Notification of Penalty**

Company Name: Kleege Industries, INC

Establishment DBA:

and its successors

Inspection Site: 81-500 avenue 51

Indio, CA 92201

Citation 1 Item 1 Type of Violation: **General**

T8CCR 3395 Heat Illness Prevention.

(i) Heat Illness Prevention Plan. The employer shall establish, implement, and maintain, an effective heat illness prevention plan. The plan shall be in writing in both English and the language understood by the majority of the employees and shall be made available at the worksite to employees and to representatives of the Division upon request. The Heat Illness Prevention Plan may be included as part of the employer's Illness and Injury Prevention Program required by section 3203, and shall, at a minimum, contain:

Prior to and during the course of the investigation, including, but not limited to on April 6, 2019, the employer did not make a copy of its written Heat Illness Prevention Plan available at the work site upon the request of the Divisions representative; nor did the Employer have its Heat Illness Prevention Plan available at the work site for employees who might have requested it.

Date By Which Violation Must be Abated:

Corrected During Inspection

Proposed Penalty:

\$165.00

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
San Bernardino District Office
464 West 4th Street, Suite 332
San Bernardino, CA 92401
Phone: (909) 383-4321 Fax: (909) 383-6789

Inspection #: 1391722
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**Citation and Notification of Penalty**

Company Name: Kleege Industries, INC

Establishment DBA:

and its successors

Inspection Site: 81-500 avenue 51

Indio, CA 92201

Citation 1 Item 2 Type of Violation: **General**

T8CCR 3210 Guardrails at Elevated Locations.

(c) Where the guardrail requirements of subsections (a) and (b) are impracticable due to machinery requirements or work processes, an alternate means of protecting employees from falling, such as personal fall protection systems, shall be used.

Prior to and during the course of the investigation, but not limited to on April 6, 2019, the employer failed to ensure an employee (head rigger) used a personal fall protection system to secure to a substantial member of the structure or to securely rigged lines to protect the employee from falling.

Date By Which Violation Must be Abated:

Corrected During Inspection

Proposed Penalty:

\$560.00

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
San Bernardino District Office
464 West 4th Street, Suite 332
San Bernardino, CA 92401
Phone: (909) 383-4321 Fax: (909) 383-6789

Inspection #: 1391722
Inspection Dates: 04/06/2019 - 10/03/2019
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CSHO ID: X4225
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Citation and Notification of Penalty

Company Name: Kleege Industries, INC
Establishment DBA:

and its successors

Inspection Site: 81-500 avenue 51
Indio, CA 92201

Citation 1 Item 3 Type of Violation: **General**

T8CCR 3648 Operating Instructions (Aerial Devices).

(e) Employees shall not sit or climb on the edge of the basket or use planks, ladders or other devices to gain greater working height.

Prior to and during the course of the investigation, but not limited to on April 6, 2019, the employer failed to ensure an employee (head rigger) did not climb on the edge of the Aerial Device to gain greater working height onto the stage structure.

Date By Which Violation Must be Abated:

Corrected During Inspection

Proposed Penalty:

\$560.00


Robert Delgado
Compliance Officer


Ayman Shibliak
District Manager

State of California
Department of Industrial Relations
Division of Occupational Safety and Health
San Bernardino District Office
464 West 4th Street, Suite 332
San Bernardino, CA 92401
Phone: (909) 383-4321 Fax: (909) 383-6789



NOTICE OF PROPOSED PENALTIES

Company Name: Kleege Industries, INC
Establishment DBA: and its successors
Inspection Site: 81-500 avenue 51, Indio, CA 92201
Mailing Address: 1244 Knoxville St., San Diego, CA 92110
Issuance Date: 10/03/2019
Reporting ID: 0950633
CSHO ID: X4225

Summary of Penalties for Inspection Number 1391722

Citation 1 Item 1, General	\$165.00
Citation 1 Item 2, General	\$560.00
Citation 1 Item 3, General	\$560.00
TOTAL PROPOSED PENALTIES:	\$1285.00

Penalties are due within 15 working days of receipt of this notification unless contested. If you are appealing any item of this citation, remittance is still due on all items that are not appealed. Enclosed for your use is a Penalty Remittance Form.

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If you are paying by check: Mail this Notice of Proposed Penalties, the Penalty Remittance Form, along with a copy of the Citation and Notification of Penalty to:

**DEPARTMENT OF INDUSTRIAL RELATIONS
CAL/OSHA PENALTIES
P. O. BOX 516547
LOS ANGELES, CA 90051-0595**

Cal/OSHA does not agree to any restrictions, conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions or endorsements do not exist.

**DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH – CAL/OSHA
Accounting Office - Cashiering Unit
Phone (415) 703-4310 or (415) 703-4308**

PENALTY REMITTANCE FORM

CIVIL PENALTY INFO	INSPECTION NO.:	1391722	REPORTING ID:	0950633
COMPANY NAME:	Kleege Industries, INC		FEIN/SEIN:	UNKNOWN
ESTABLISHMENT DBA:				
CONTACT PERSON:	UNKNOWN UNKNOWN			
PHONE NO.:	UNKNOWN		FAX NO.:	UNKNOWN
SITE ADDRESS:	81-500 avenue 51, Indio, CA 92201			
MAILING ADDRESS:	1244 Knoxville St. , San Diego, CA 92110			

CITATION INFORMATION:

Penalties are due within 15 working days of receipt of this notification unless contested. If you are appealing any item of this Citation, remittance is still due on all items that are not appealed.

PAYMENT INSTRUCTIONS:

For check or money order: please make check or money order payable to Department of Industrial Relations. Write the inspection number and total amount enclosed on the payment coupon below and on the check or money order. For credit card or EFT payment, go to: www.dir.ca.gov/dosh/CalOSHA_PaymentOption.html

----- Detach here and return bottom portion with check or money order payment -----

PAYMENT COUPON



Inspection No.: 1391722

Amount Enclosed: \$ _____

Mail payment to:

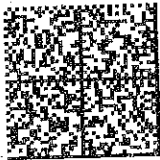
For credit card or EFT payment, go to:
www.dir.ca.gov/dosh/CalOSHA_PaymentOption.html

DEPARTMENT OF INDUSTRIAL RELATIONS
CAL/OSHA PENALTIES
P.O. BOX 516547
LOS ANGELES, CA 90051-0595

U.S. POSTAGE & FITNEY BOWES



ZIP 92401 \$007.45⁰
02.1W
0001394313 OCT. 03. 2019



7012 1010 0003 3039 0466

KLEEGER INDUSTRIES, INC.
1244 Knoxville St.
San Diego, CA 92110

CALIFORNIA INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY & HEALTH
SANTA ANA DISTRICT OFFICE
400 N. GATE
SANTA ANA, CA 92701

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

KLEEGER INDUSTRIES, INC.
1244 Knoxville St.
San Diego CA 92110

X4225-1391722-CIT

2. Article Number

(Transfer from service label)

7012 1010 0003 3039 0466

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes